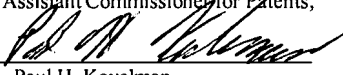


Date: November 15, 2002

In re the application of: Alfred E. Mann et al.

Serial No.: 09/334,858

Filed: June 16, 1999

For: EXTERNAL INFUSION DEVICE WITH REMOTE PROGRAMMING, BOLUS ESTIMATOR  
AND/OR VIBRATION ALARM CAPABILITIESI hereby certify that this correspondence is being HAND-DELIVERED to: Assistant Commissioner for Patents,  
Washington, D.C. 20231, on November 15, 2002.By:   
Name: Paul H. Kovelman**ASSISTANT COMMISSIONER FOR PATENTS**  
**Washington, D.C. 20231**

Sir:

Transmitted herewith is an Amendment After Final Action Under 37 C.F.R. § 1.116(a) in the above-identified application, and return postcard.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY			OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	83	MINUS	146	=	-0-	x 9	\$	OR	x 18	\$-0-
INDEP CLAIMS	9	MINUS	12	=	-0-	x 39	\$	OR	x 78	\$-0-
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+135	\$	OR	+270	\$
						TOTAL	\$	OR	TOTAL	\$-0-

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

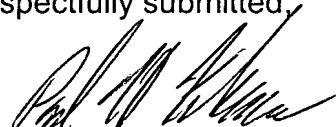
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0621. A copy of this sheet is enclosed.

[X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.

[X] Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

  
Paul H. Kovelman  
Registration No. 35,228RECEIVED  
NOV 15 2002  
TECHNOLOGY CENTER 3700MEDTRONIC MINIMED, INC.  
18000 Devonshire Street  
Northridge, CA 91325-1219  
Telephone (818) 576-5313  
Facsimile (818) 576-6202